<b>Gift to Agency Report</b>	A Public Do	ocument		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California <b>201</b>
City of Palo Alto				Form <b>OUI</b>
Division, Department, or Regi	lon (if applicable)			For Official Use Only
<b>Development Services</b>				
Street Address	4			
285 Hamilton Avenue, P	alo Alto CA 94301			
Area Code/Phone Number	E-mail		Amendment (explain	in comment section)
650.329.2223	Evon.Ballash@CityofPalolto.org	5	Date of Oxiginal Fillen	
Agency Contact (name and title,	)		Date of Original Filing:	(month, day, year)
Evon Ballash				
2. Donor Name and Addres	55			1.72
🗋 Individual		Other	BIAD - Architect	
No 62 Nanlish Road	First Name Bejing		China	Name 10004
Address	City		State	Zip Code
Architectural firm visited	DSD to learn of our Building pra	actices and	how they vary from	China
	s business activity (if business) or its nature and inte			
If applicable, identify the name	of each source and the amount(s) solici	ted or receive	ed by the donor for this	pift:
Name			Name	\$
3. Payment Information			Testino	
Travel Payment Informatio				
Date(s) of Travel	ansportation Expenses Lodging Expenses	Deal Exp	enses Dther Expe	Total Expenses
	ription of the nature and use of whom the payment was used:			
Last Name	First Name		Tille	Department/Division
Last Namo	First Name		Title	Department/Division
4. Verification				
I have determined that it is in th	ne interests of the agency to accept this	gift and use i	t for the official agency	business described above.
	/			
	James Keene	Cit	y Manager	6/19/18
Signature of Agency Head or Design	<u> </u>		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any additional information.)		*	
Chinese Silk Scroll - to b	e displayed at the Development (	Center		3
				an appendix to the state of the